



APPLICATION DATA SHEET

Serial Number:: 10/735,591
Filing Date:: December 12, 2003

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: TISSUE PRODUCTS COMPRISING A
CLEANSING COMPOSITION
Attorney Docket Number:: KCC 4930 (K-C 17,729)
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition Included?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Annastacia
Family Name:: Kistler
City of Residence:: Appleton
State or Province of Residence:: WI
Country of Residence:: US
Street of Mailing Address:: 400 West Glendale Avenue
City of Mailing Address:: Appleton
State or Province of Mailing
Address:: WI
Postal Code of Mailing Address:: 54911

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David

Middle Name:: M.
Family Name:: Koenig
City of Residence:: Menasha
State or Province of Residence:: WI
Country of Residence:: US
Street of Mailing Address:: 1486 Plank Road
City of Mailing Address:: Menasha
State or Province of Mailing
Address:: WI
Postal Code of Mailing Address:: 54952

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Duane
Middle Name:: G.
Family Name:: Krzysik
City of Residence:: Appleton
State or Province of Residence:: WI
Country of Residence:: US
Street of Mailing Address:: 1112 E. Melrose Avenue
City of Mailing Address:: Appleton
State or Province of Mailing
Address:: WI
Postal Code of Mailing Address:: 54911

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: Corey
Family Name:: Cunningham

~~Applicant Authority Type:: Inventor~~
~~Primary Citizenship Country:: US~~
~~Status:: Full Capacity~~
~~Given Name:: Beth~~

Middle Name:: ~~_____~~ A.
Family Name:: ~~_____~~ Lange
City of Residence:: ~~_____~~ Neenah
State or Province of Residence:: ~~_____~~ WI
Country of Residence:: ~~_____~~ US
Street of Mailing Address:: ~~_____~~ 949 S. Park Avenue
City of Mailing Address:: ~~_____~~ Neenah
State or Province of Mailing
Address:: ~~_____~~ WI
Postal Code of Mailing Address:: ~~_____~~ 54956

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321